

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2274  
Registrar's No. 53

FILED FEB 13 1942  
Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 days (Specify whether  
In this community 1 year years, months or days)

3. (a) PRINT  
FULL NAME

Julian Cordis Pursley

3. (b) If veteran

name war NO

3. (c) Social Security

No. None

4. Sex Male

5. Color or  
race white

6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife

Valter via Wehls Pursley

6. (c) Age of husband or wife if  
alive Unknown

7. Birth date of deceased

January - 8 - 1856  
(Month) (Day) (Year)

8. AGE:

Years 186 Months 0 Days 12 If less than one day  
hr. min.

9. Birthplace

Glasgow Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation

farmer Retired

11. Industry or business

General farmer & Carpenter

12. Name

Dwight J. Pursley

13. Birthplace

Unknown Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name

Martha Pursley

15. Birthplace

Unknown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Leola Smith

(b) Address

Warren Grove Mo

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

Jan. 22, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation

Oak Grove Cemetery

18. (a) Signature of funeral director

James B. Smith

(b) Address

Warren Grove Mo

19. (a)

1-22-42  
(Date received local registrar)

(b)

W. N. S. Handley  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 615 South Campbell St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 20  
1941 to Jan 20 1942  
that I last saw him alive on Dec 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Insufficiency

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Prostatic hypertrophy

Of autopsy

137a

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Leola Smith (If Dr. or other)

Address Springfield Mo Date signed 1-22-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Bernard Wright....., Registered Apprentice No.....,  
working under my personal supervision.

Signed Gene A. Brown.....

Licensed Embalmer No. 7664.....

P. O. Address Waverly Brown Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X